

<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b> <b>FY 2008</b> <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 28967/5680D	
Application Number                      10/627,631-Conf. #3314		Filed    July 28, 2003	
For            METHODS FOR TREATING NEOPLASTIC DISEASE CHARACTERIZED BY VASCULAR ENDOTHELIAL GROWTH FACTOR D EXPRESSION, FOR SCREENING FOR NEOPLASTIC DISEASE OR METASTATIC RISK AND FOR MAINTAINING VASCULARIZATION OF TISSUE			
Art Unit                      1644		Examiner                                  P. N. Huynh	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		<u>Fee</u>	<u>Small Entity Fee</u>
<input checked="" type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$120	\$60                      \$ 60.00
<input type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$460	\$230                      \$
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$1050	\$525                      \$
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$1640	\$820                      \$
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$2230	\$1115                      \$
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input checked="" type="checkbox"/> Payment by credit card.			
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number                      13-2855                      .			
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number                      56,301			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34			
/Jeane M. Brashear/56,301		July 28, 2008	
Signature		Date	
Jeane M. Brashear		(312) 474-6300	
Typed or printed name		Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of                      1                      forms are submitted.			

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Dated: July 28, 2008	Electronic Signature for Jeane M. Brashear: /Jeane M. Brashear/56,301